



03-02-07

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PTO/SB/83 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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CORRESPONDENCE ADDRESS**

Application Number	10/509,502
Filing Date	Sept. 28, 2004
First Named Inventor	ASCHER, et al
Art Unit	
Examiner Name	
Attorney Docket Number	32413A

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
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The reasons for this request are: Applicants request to transfer files

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<input checked="" type="checkbox"/> Firm or Individual Name	D. Peter Hochberg Co., LPA		
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Date	<i>Feb 28, 2007</i>	Telephone No.	(609) 627 8507

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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